



Miami-Dade County Building and Neighborhood Compliance Department
Trade Inspectors Section

11805 S.W. 26 Street (Coral Way), Room 137
Miami, Florida 33175-2474
Phone: (786) 315-2100 / Fax: (786) 315-2907

Request for Permit Cancellation

(Form must be signed and notarized by owner or contractor)

Date: _____

Request to cancel permit number: _____

Reason for cancellation request:

___ No Work Done (plans must be at job site)

___ Work Removed (plans must be at job site)

___ Exempt from Permit

___ Superseded by Another Permit Other Permit Number _____

(If superseded, plans for permit being cancelled and plans for permit that is being superseded by are required with your request).

___ Duplicated Other Permit Number _____

Customer Name: _____ (for mailing purposes)

Customer Address: _____ City: _____

State: _____ Zip: _____

Customer Telephone Number: _____

Customer E-Mail Address: _____

Person requesting cancellation is: ___ Property Owner ___ Contractor

Hired Agent for: ___ Property Owner ___ Contractor

Customer's Signature: _____ Print Name: _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20_____,

by _____

Signature of Notary Public _____

Print Name _____

(SEAL)

Personally known _____

or Produced Identification _____

- FOR OFFICE USE ONLY -

For permits that are superseded by another permit the plans have been: ___ Received ___ Not Required ___ Pending

Process Number Issued: _____

Request Received by: _____ Title: _____